Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main

		Document	Page 1 of 31	
Fill in this info	rmation to identify your	case:		
Debtor 1	Yves B. Mede First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Verline M. Mede First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number	2:24-bk-17943			
(if known)				☐ Check if this is an amended filing
Official F	- m 1060: m-			

#### Official Form 106Sum

#### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

info	as complete and accurate as possible. If two married people are filing together, both are equally responsible fo rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
			r assets e of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$_	720,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$_	19,155.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$_	739,155.00
Par	t 2: Summarize Your Liabilities		
			r liabilities unt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$_	637,907.33
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$_	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$_	5,500.00
	Your total liabilities	\$	643,407.33
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$_	10,268.98
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$_	8,358.50
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other	schedules.
7.	⊠ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	persona	l, family, or household
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this court with your other schedules.	box and	submit this form to the

#### Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 2 of 31

Debtor 1 Yves B. Mede

Verline M. Mede

Case number (if known) 2:24-bk-17943

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_\_9,224.86

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tot	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as		
priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 3 of 31

			Document	Page 3 of 31			
Fill in this info	ormation to identify you	ır case and th	is filing:				
Debtor 1	Yves B. Mede						
D 11 0	First Name	Middle	Name	Last Name			
Debtor 2 (Spouse, if filing)	Verline M. Mede First Name	Middle	Name	Last Name			
United States	Bankruptcy Court for the:	DISTRICT	OF NEW JERSEY				
Case number	2:24-bk-17943			_		1	Check if this is an amended filing
Schedun each category	Be as complete and accione space is needed, attac	ibe items. List a urate as possibl	e. If two married peop	an asset fits in more than on le are filing together, both are e top of any additional pages	equally resp	onsible for sup	oplying correct
	be Each Residence, Buildii						
1.1 13 Boyd	ere is the property?  en Pkwy  ess, if available, or other description	on .	What is the property ☐ Single-family ☐ ☐ Duplex or mul		the amount	of any secured	ms or exemptions. Put claims on <i>Schedule D:</i> s <i>Secured by Property</i> .
Maplewo City	ood NJ 07 State	7040-2410 ZIP Code	Condominium  Manufactured  Land Investment pr Timeshare Other	or cooperative or mobile home operty  t in the property? Check one	Describe the (such as fe a life estate	erty? 20,000.00 ne nature of your simple, tenands), if known.	Current value of the portion you own? \$720,000.00  ur ownership interest ncy by the entireties, or
Essex			☐ Debtor 1 only ☐ Debtor 2 only		Fee Simp	ole	
County			☐ Debtor 1 and ☐ At least one o	f the debtors and another ou wish to add about this iter	☐ (see ins	tructions)	nunity property
			Two Family Hou				
				from Part 1, including any		.=>	\$720,000.00

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 4 of 31

Debt Debt			Case number (if known)	2:24-bk-17943
	ars, vans, trucks, tractors, sport utility v No Yes	rehicles, motorcycles		
3.1	Make:  Model: Year: Approximate mileage: 124000 Other information:  2016 Honda CRV	Who has an interest in the property? Check one  ☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another  ☐ Check if this is community property (see instructions)	the amount of any	portion you own?
3.2	Make: Mercedes  Model: C300 Year: 2014  Approximate mileage: 88000 Other information:	Who has an interest in the property? Check one  ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	the amount of any	secured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property.  the Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$7,000	0.00 \$7,000.00
Part : Do y	ages you have attached for Part 2. Write  3: Describe Your Personal and Household I  you own or have any legal or equitable in			\$13,000.00  Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>E.</i>	lousehold goods and furnishings xamples: Major appliances, furniture, linens ] No ] Yes. Describe	s, china, kitchenware		
E.	L/R, D/R, B/R  Electronics  xamples: Televisions and radios; audio, vidincluding cell phones, cameras, n  No Yes. Describe  TV/Stereo/Comp		inters, scanners; music c	\$2,850.00 sollections; electronic devices \$1,325.00
E.	collectibles of value	prints, or other artwork; books, pictures, or othe	r art objects; stamp, coin	
E.	quipment for sports and hobbies xamples: Sports, photographic, exercise, ar musical instruments No	nd other hobby equipment; bicycles, pool tables,	golf clubs, skis; canoes	and kayaks; carpentry tools;

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 5 of 31

Debtor Debtor		/ves B. Me /erline M. N						Case number (if kno	wn)	2:24-bk-17943
□Y	es. D	escribe								
$\boxtimes$ N	<i>amples</i> lo		es, shotgı	uns, ammuni	tion, and rela	ted equipment				
□ N	<i>amples</i> lo	s: Everyday o		onal Clothin		r wear, shoes,	accessories			\$800.00
□ N	<i>ampl</i> es lo	s: Everyday j 0escribe	ewelry, co	-	lry, engagem	ent rings, wedd	ling rings, heirloo	om jewelry, watches, ger	ns, g	old, silver \$600.00
			Jewe	ш <b>у</b>						
<i>Exa</i> ⊠ N □ Y 14. <b>An</b> ⊠ N	amples lo 'es. D ny othe	n animals s: Dogs, cats Describe er personal	and hous	ehold items	s you did not	already list, i	ncluding any he	ealth aids you did not li	ist	
fo	r Part		t number	here			ny entries for pa	ges you have attached	I	\$5,575.00
					terest in any	of the follow	ing?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
□N	amples lo					in a safe depo		and when you file your p	oetitio	non
								Cash		\$250.00
Exa □ N	amples lo						itution, list each.	in credit unions, brokera	age h	ouses, and other similar
			17.1.	Checking	g Account	Santander	Bank			\$330.00
Exa N N 19. No and N	amples lo es on-pub d joint lo	s: Bond funds	s, investm	Institution o	s with brokera or issuer nam in incorpora	e: ted and uninc	ey market accou orporated busir		tere	st in an LLC, partnership,
ЦΥ	es. C	Sive specific		on about ther ame of entity	n :			% of ownership:		

### Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 6 of 31

_	ebtor 1 ebtor 2	Yves B. M Verline M.			Case number (if known)	2:24-bk-17943
20	Negoti Non-ne ⊠ No	able instrume egotiable instr	nts include personal checks,	negotiable and non-negotiable in cashiers' checks, promissory note t transfer to someone by signing on	s, and money orders.	
21	<i>Examp</i> ⊠ No	oles: Interests	sion accounts in IRA, ERISA, Keogh, 401(k ount separately. Type of account:	(x), 403(b), thrift savings accounts, (	or other pension or profit-sharing	plans
22	Your s Examp ⊠ No	hare of all unu	and prepayments used deposits you have made	e so that you may continue service nt, public utilities (electric, gas, wa Institution name or indiv	ater), telecommunications compar	nies, or others
23	 _ <b>Annui</b> ⊠ No □ Yes		ct for a periodic payment of n	noney to you, either for life or for a		
24	26 U.S.0 ☑ No		I), 529A(b), and 529(b)(1).	a qualified ABLE program, or ur		
25	⊠ No		r future interests in propert	ty (other than anything listed in	line 1), and rights or powers ex	ercisable for your benefit
26	Examp ⊠ No	oles: Internet of		s, and other intellectual property ceeds from royalties and licensing		
27	<i>Examp</i> ⊠ No	oles: Building	es, and other general intang permits, exclusive licenses, controlled the controll	gibles ooperative association holdings, li	quor licenses, professional licens	es
M	oney or	property owe	ed to you?			Current value of the portion you own?  Do not deduct secured claims or exemptions.
28	⊠ No	efunds owed Give specific	-	ding whether you already filed the	returns and the tax years	
29	Examp ⊠ No		or lump sum alimony, spousa	al support, child support, maintena	ance, divorce settlement, property	settlement
30	Examp ☑ No	oles: Unpaid w benefits;	meone owes you  /ages, disability insurance pa unpaid loans you made to so c information	yments, disability benefits, sick pa omeone else	y, vacation pay, workers' compe	ensation, Social Security
31	Intere	sts in insura	nce policies	alth savings account (HSA); credit,	, homeowner's, or renter's insurar	nce
		Name the ins	urance company of each poli Company name:	cy and list its value.	Beneficiary:	Surrender or refund value:

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 7 of 31

	btor 1 btor 2	Yves B. Mede Verline M. Mede		Case number (if known)	2:24-bk-17943
	If you a	terest in property that is due you from someone who hat re the beneficiary of a living trust, expect proceeds from a lif- le has died.		are currently entitled to reco	eive property because
		Give specific information			
_		against third parties, whether or not you have filed a la es: Accidents, employment disputes, insurance claims, or ri		nand for payment	
		Describe each claim			
-	Other o	contingent and unliquidated claims of every nature, incl	uding counterclaims	of the debtor and rights t	o set off claims
		Describe each claim			
-		ancial assets you did not already list			
	⊠ No □ Yes.	Give specific information			
36.		e dollar value of all of your entries from Part 4, includin			\$580.00
Dar	t 5: Des	cribe Any Business-Related Property You Own or Have an Inter	oet In Liet any roal oeta	oto in Part 1	
				ate III Fait 1.	
	No. Go	own or have any legal or equitable interest in any business-relat to Part 6.	ea property?		
	Yes. G	Go to line 38.			
Par		cribe Any Farm- and Commercial Fishing-Related Property You u own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.		own or have any legal or equitable interest in any farm	- or commercial fishi	ing-related property?	
		io to Part 7. Go to line 47.			
Par	t 7:	Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
53.	Do you	have other property of any kind you did not already lis	t?		
ľ	<i>Exampl</i> ⊠ No	es: Season tickets, country club membership			
		Sive specific information			
54.	Add th	e dollar value of all of your entries from Part 7. Write th	at number here		\$0.00
Par	t 8:	List the Totals of Each Part of this Form			
55.	Part 1:	Total real estate, line 2			\$720,000.00
56.		Total vehicles, line 5	\$13,000.00		Ψ120,000.00
57.		Total personal and household items, line 15	\$5,575.00		
58.		Total financial assets, line 36	\$580.00		
59.		Total business-related property, line 45	\$0.00		
60.		Total farm- and fishing-related property, line 52	\$0.00		
61.		Total other property not listed, line 54 +	\$0.00		
62.	Total p	personal property. Add lines 56 through 61	\$19,155.00	Copy personal property to	otal \$19,155.00
63.	Total o	of all property on Schedule A/B. Add line 55 + line 62			\$739,155.00

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Mair Document Page 8 of 31

Fill in this infor	rmation to identify your	case:		
Debtor 1	Yves B. Mede First Name	Middle Name	Last Name	
Debtor 2	Verline M. Mede			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	2:24-bk-17943			Check if this is an amended filing

#### Official Form 106C

#### Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.					
	☐ You are claiming state and federal nonbar	kruptcy exemptions.	11 U	.S.C. § 522(b)(3)					
	☑ You are claiming federal exemptions. 1	1 U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
	13 Boyden Pkwy , Maplewood, NJ	\$720,000.00	$\boxtimes$	\$0.00	11 U.S.C. § 522(d)(1)				
	07040-2410 Essex County Two Family House Line from <i>Schedule A/B</i> : 1.1	[		100% of fair market value, up to any applicable statutory limit					
	124000 miles	\$6,000.00		\$6,000.00	11 U.S.C. § 522(d)(2)				
	2016 Honda CRV Line from <i>Schedule A/B</i> : 3.1			100% of fair market value, up to any applicable statutory limit					
	2014 Mercedes C300 88000 miles	\$7,000.00	$\boxtimes$	\$175.00	11 U.S.C. § 522(d)(2)				
	Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit					
	L/R, D/R, B/R	\$2,850.00	$\boxtimes$	\$2,850.00	11 U.S.C. § 522(d)(3)				
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit					
	TV/Stereo/Computer/Tablet	\$1,325.00 E		\$1,325.00	11 U.S.C. § 522(d)(3)				
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit					

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 9 of 31

Debtor 2				Case number (if known)	2:24-bk-17943
	ef description of the property and line on nedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	rsonal Clothing	\$800.00	$\boxtimes$	\$800.00	11 U.S.C. § 522(d)(3)
Lin	e from <i>Schedule A/B</i> : 11.1			100% of fair market value, up to any applicable statutory limit	
	welry	\$600.00	$\boxtimes$	\$600.00	11 U.S.C. § 522(d)(4)
Lin	e from <i>Schedule A/B</i> : 12.1			100% of fair market value, up to any applicable statutory limit	
Ca		\$250.00		\$250.00	11 U.S.C. § 522(d)(5)
LIN	e from <i>Schedule A/B</i> : 16.1			100% of fair market value, up to any applicable statutory limit	
	ntander Bank	\$330.00	$\boxtimes$	\$330.00	11 U.S.C. § 522(d)(5)
Lin	e from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption ubject to adjustment on 4/01/25 and every  No  Yes. Did you acquire the property cover  No  Yes	3 years after that for ca	ses fil	•	,

### Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 10 of 31

			L	Jocument	Page 1	J 01 31		
Fill in	this info	rmation to identify your	case:					
Debto	or 1	Yves B. Mede First Name	NA:-L-II- NI-		L t NI			
			Middle Na	ime	Last Name			
Debto		Verline M. Mede						
(Spouse	e if, filing)	First Name	Middle Na	ime	Last Name			
Linito	d States E	Bankruptcy Court for the:	DISTRICT C	F NEW JERSEY				
United	J States E	sankruptcy Court for the.	DISTRICT	I NEW JERSET				
Case	number	2:24-bk-17943						
(if know		2.21 51( 11010		-			☐ Che	ck if this is an
,	,							nded filing
								· ·
Offic	ial Fo	rm 106E/F						
		E/F: Creditors W	/ho Hayo	Uncocurod	Claime			12/15
						Part 2 for creditors with NON		
Schedu Schedu left. Att	ile G: Exe ile D: Cred ach the C ind case n	cutory Contracts and Unexp ditors Who Have Claims Sec	pired Leases (Of cured by Properi ge. If you have n	ficial Form 106G). I y. If more space is o information to re	Do not include needed, copy	contracts on Schedule A/B: any creditors with partially s the Part you need, fill it out, r do not file that Part. On the to	ecured claims tha number the entries	t are listed in s in the boxes on the
1. Do	any cred	itors have priority unsecure	ed claims agains	t you?				
$\boxtimes$	No. Go to	Part 2.						
	Yes.							
Part 2	List	All of Your NONPRIORIT	TY Unsecured	Claims				
3. Do	any cred	itors have nonpriority unse	cured claims ag	ainst you?				
	No. You h	nave nothing to report in this p	art. Submit this fo	orm to the court with	your other sche	edules.		
	Yes.							
	1 103.							
un	secured cl	aim, list the creditor separatel	ly for each claim.	For each claim listed	d, identify what	o holds each claim. If a credito type of claim it is. Do not list cla three nonpriority unsecured cl	aims already includ	ed in Part 1. If more
۷.							T	otal claim
	ONE	AAINI FINIANIOIAI				0700		<b>#5 500 00</b>
4.1		MAIN FINANCIAL		Last 4 digits of acc	ount number	0703		\$5,500.00
		rity Creditor's Name Route 130 N # S1404				2010		
			2	When was the deb	t incurred?	2018		
		minson, NJ 08077-3046	0	As of the date you	file the claim	is: Check all that apply		
		Street City State Zip Code curred the debt? Check one.		As of the date you	ille, tile Claiill	is. Offect all that apply		
	_			Continuent				
		or 1 only		☐ Contingent				
		or 2 only or 1 and Debtor 2 only		☐ Unliquidated☐ Disputed☐				
		or I and Debtor 2 only ast one of the debtors and an	othor	Type of NONPRIOR	DITV uneocuro	d claim:		
				☐ Student loans	Kii i ulisecure	u Ciaiii.		
	debt	ck if this claim is for a com	illiullity		ag out of a cond	ration agreement or divorce that	at you did not	
		laim subject to offset?		report as priority cla		nation agreement of divorce the	at you did not	
	⊠ No					g plans, and other similar debts	8	
	_ □ Yes			☐ Other. Specify	•	01 /		
	□ 163			Zi Other. Opecity	7 tato Bollok	nioy		
Don't C	11-4	045 4 - D - N - 4551 A1	4 - D-1-4 Th	-4 V A l l I	!-4I			
Part 3	LIST	Others to Be Notified Al	out a Debt In	at You Aiready L	<u> Istea</u>			
is try	ing to col	llect from you for a debt you	u owe to someor e debts that you	ne else, list the orig listed in Parts 1 or	inal creditor in	ou already listed in Parts 1 o Parts 1 or 2, then list the col tional creditors here. If you d	llection agency he	ere. Similarly, if you
Part 4	H Add	the Amounts for Each T	ype of Unsec	ured Claim				
			•		for statistical	reporting purposes only. 28	IIS C 8150 Add 6	he amounts for each
		ured claim.	scoured Claimis.	ins internation is	างา อเฉมอมเปล่า	reporting purposes only. 20 (	5.5.6. g155. Add t	inc amounts for each

				i Otal Cialili
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims from Part 1	6b. 6c.	Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated	6b. 6c.	\$  0.00

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 11 of 31

Debtor 1 Yv	es B. M	lede	. 1 01 0	-	
Debtor 2 Ve	rline M.	Mede	Case no	umber (if known)	2:24-bk-17943
	6d.	<b>Other.</b> Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
	6f.	Student loans	6f.	Total	0.00
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ 	0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	5,500.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	5,500.00

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 12 of 31

Fill in this infor	ill in this information to identify your case:									
Debtor 1	Yves B. Mede									
	First Name	Middle Name	Last Name							
Debtor 2	Verline M. Mede									
(Spouse if, filing)	First Name	Middle Name	Last Name	•						
United States Bankruptcy Court for the:		DISTRICT OF NEW JERSEY		-						
Case number _ (if known)	2:24-bk-17943			☐ Check if this is an amended filing						

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☑ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
     ☑ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP (	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	<del>_</del>
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.4					
	Name				<del>_</del>
	Number	Street			<del></del>
	City		State	ZIP Code	<del>_</del>
2.5				-	
	Name				<del>_</del>
	IVAIIIC				
	Number	Street			<del></del>
		2000			
	City		State	ZIP Code	<del>_</del>
	City		State	ZIF COUE	

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 13 of 31

		Docume	nt Page 13 o	† 31	
Fill in this	information to identify you				
Debtor 1	Yves B. Mede				
Dobtor 1	First Name	Middle Name	Last Name	_	
Debtor 2	Verline M. Mede	Middle Nove	LastNama		
(Spouse if, filin	ng) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	DISTRICT OF NEW JE	RSEY		
Case numb	ber 2:24-bk-17943				
(if known)					☐ Check if this is an amended filing
Official	l Form 106H				
Sched	ule H: Your Co	debtors			12/15
fill it out, an		e boxes on the left. Attac n). Answer every question	h the Additional Page t i.	o this page. On the top o	eded, copy the Additional Page, of any Additional Pages, write
•	you have any codebiors: (	i you are illing a joint case,	do not list either spouse	as a codebior.	
⊠ No □ Yes	:				
	hin the last 8 years, have yo a, California, Idaho, Louisiana				states and territories include
	Go to line 3.  Did your spouse, former spo	ouse, or legal equivalent liv	e with you at the time?		
in line Form out Co	2 again as a codebtor only 106D), Schedule E/F (Official olumn 2. Column 1: Your codebtor	if that person is a guarar al Form 106E/F), or Sched	ntor or cosigner. Make	sure you have listed the 16G). Use Schedule D, So Column 2: The credi	with you. List the person shown creditor on Schedule D (Official chedule E/F, or Schedule G to fil tor to whom you owe the debt
ľ	Name, Number, Street, City, State and	ZIP Code		Check all schedules	that apply:
3.1	Name			Schedule D, line Schedule E/F, line Schedule G, line	e
	Number Street	2: :	710.0	_	
	City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			Schedule E/F, line Schedule G, line	e
-	Number Street			_	
	City	State	ZIP Code		

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 14 of 31

Debtor 1 Yves B. Mede    Debtor 2   Verline M. Mede	Fill	in this information	to identify your ca	se:								
United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY    Case number   2:24-bk-17943												
Case number (if known)    Check if this is:   A namended filing   A supplement showing postpetition chapter   13 income as of the following date:   MM / DD/ YYYY      Schedule I: Your Income   12/15			Verline M. Me	ede				_				
Official Form 106I Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you can be provided attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Employment  1. Fill in your employment information.  If you have more than one job, attach a separate page with information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Occupation Truck Driver   Nurses Aid   101 Whippany Rd   Whippany, NJ 07981   101 Whipp	Unit	ted States Bankru	ptcy Court for the:	DISTRICT OF NEW J	ERSEY							
Schedule I: Your Income  Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1:  Describe Employment  Information.  If you have more than one job, attach a separate page with information about additional employers.  Occupation  Occupation  Truck Driver  Nurses Aid  Employer's name  Employer's name  U.S. Express, Inc.  LVW  Debtor 2 or non-filing spouse  Employer address  Whippany, N.J 07981  How long employed there?  3 months  2 yrs  Part 2:  Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  List monthly gross wages, salary, and commissions (before all payroll  2. List monthly gross wages, salary, and commissions (before all payroll  2. Estimate and list monthly overtime pay.  3. +\$ 0.00  +\$ 0.00			24-bk-17943						☐ An amende	ed filing ent show		chapter
Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Fart 1:											o following date.	
1. Fill in your employment information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation More maker, if it applies.  Occupation Employer's name  Employer's address  Employer's address  U.S. Express, Inc.  U.S. Express, Inc.  LVW  LVW  Employer's address  4080 Jenkins Rd. Chattanooga, TN 37421  How long employed there? 3 months 2 yrs  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00	Be a supp spou attac	s complete and a olying correct inf use. If you are se th a separate sho	accurate as poss formation. If you parated and you eet to this form. (	ible. If two married peo are married and not fili r spouse is not filing wi	ng joint th you,	ly, and your of do not inclu	spouse i de inforr	s livi natio	ng with you, incl n about your sp	ude info ouse. If	ormation about more space is i	ible for your needed,
information.  If you have more than one job, attach a separate page with information about additional employers.  Include part-time, seasonal, or self-employed work.  Occupation Truck Driver Nurses Aid  Employer's name  Employer's address  Chattanooga, TN 37421  How long employed there? 3 months 2 yrs  Fart 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00			•									
atlach a separate page with information about additional employers.    Not employed   Not employ					Debtor 1				Debtor 2	Debtor 2 or non-filing spouse		
Include part-time, seasonal, or self-employed work.  Occupation may include student or homemaker, if it applies.  Employer's address  Employer's name  LivW  Divided Total Whippany, NJ 07981  Total Whippany, NJ 07981  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.  If you or your non-filling spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 5,633.33 \$ 3,591.53  3. +\$ 0.00 +\$ 0.00		attach a separat	e page with	Employment status	_ , ,					_ , ,		
Occupation may include student or homemaker, if it applies.  Employer's address  Employer's address  4080 Jenkins Rd. 101 Whippany Rd Whippany, NJ 07981  How long employed there? 3 months 2 yrs  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ 0.00		Include part-time		Occupation	Truck Driver				Nurses	Aid		
or homemaker, if it applies.  Employer's address  4080 Jenkins Rd. Chattanooga, TN 37421  How long employed there?  3 months  2 yrs  Part 2: Give Details About Monthly Income  Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1 For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00				Employer's name	U.S. Express, Inc.				LVW			
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00				Employer's address		-						
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.  If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.  For Debtor 1  For Debtor 2 or non-filing spouse  List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00				How long employed the	nere?	3 month	ıs			2 yrs		
If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.    For Debtor 1   For Debtor 2 or non-filing spouse	Par	t 2: Give D	etails About Mon	thly Income								
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00	unle: If yo	ss you are separa u or your non-filin	ited. g spouse have mo	re than one employer, co							·	<b>.</b>
List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.  2. \$ 5,633.33 \$ 3,591.53  3. Estimate and list monthly overtime pay.  3. +\$ 0.00 +\$ 0.00	more	e space, attach a s	separate sheet to	inis form.					For Debtor 1	For F	Debtor 2 or	
<ol> <li>deductions). If not paid monthly, calculate what the monthly wage would be.</li> <li>\$ 5,633.33 \$ 3,591.53</li> <li>Estimate and list monthly overtime pay.</li> <li>+\$ 0.00</li> </ol>									TOT DEDICT T			
	2.						2.	\$_	5,633.33	\$	3,591.53	
4. Calculate gross Income. Add line 2 + line 3. 4. \$\\$\_\$5,633.33\$ \$\\$\\$\_\$3,591.53\$	3.	Estimate and li	st monthly overti	me pay.			3.	+\$_	0.00	+\$_	0.00	
	4.	Calculate gross	s Income. Add lin	e 2 + line 3.			4.	\$_	5,633.33	\$_	3,591.53	

Official Form 106I Schedule I: Your Income page 1

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 15 of 31

Debt Debt		Yves B. Mede Verline M. Mede	_	Case	number (if known)	2:24-bk-1	7943	
				For	Debtor 1		g spouse	
	Сор	y line 4 here	4.	\$_	5,633.33	\$	3,591.53	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	909.57	\$	605.89	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	143.67	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	\$	996.75	\$	0.00	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	\$_	0.00	\$	0.00	
	5h.	Other deductions. Specify:	5h.+	- \$_	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	1,906.32	\$	749.56	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	3,727.01	\$	2,841.97	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	3,700.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$ \$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:		\$_	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$ \$	0.00	\$	0.00	
	8h.	Other monthly income. Specify:	8h.+	- \$_	0.00	+ \$	0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	3,700.00	\$	0.00	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		7,427.01 + \$_	2,841.9	7 = \$ 10	),268.98
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your briting friends or relatives. The include any amounts already included in lines 2-10 or amounts that are not cify:	depen		. •	ed in Sched	lule J. 1. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certalies						),268.98
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	1?				Combine monthly	

Fill in	this information to identify your case:				
Debtor	1 Yves B. Mede		Che	ck if this is:	
	TVOC B. MOUG			An amended filing	
Debtor	Verific W. Wede				ving postpetition chapter 13
(Spous	e, if filing)			expenses as of the	following date:
United	States Bankruptcy Court for the: DISTRICT OF NEW JERSEY			MM / DD / YYYY	
Case n	umber <u>2:24-bk-17943</u>				
(II KIIOV	vii)				
Offi	cial Form 106J				
Sch	nedule J: Your Expenses				40/4
	complete and accurate as possible. If two married people ar	e filing together, both a	re equ	ally responsible fo	12/19 or supplying correct
inforn	nation. If more space is needed, attach another sheet to this foown). Answer every question.				
	<u> </u>				
Part 1	Describe Your Household sthis a joint case?				
	No. Go to line 2.				
	Yes. Does Debtor 2 live in a separate household?				
	⊠No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	s for Separate Household	of Deb	otor 2.	
2.	Oo you have dependents? 🛛 No				
	Oo not list Debtor 1 and Yes. Fill out this information for	Dependent's relationsh	ip to	Dependent's	Does dependent
	Debtor 2. each dependent	Debtor 1 or Debtor 2		age	live with you?
	Oo not state the				□No
d	lependents names.				☐ Yes ☐ No
					Yes
				_	□No
					☐ Yes ☐ No
					Yes
	Oo your expenses include No			_	
	expenses of people other than Yes rourself and your dependents?				
y	oursell and your dependents:				
Part 2					
	ate your expenses as of your bankruptcy filing date unless y uses as of a date after the bankruptcy is filed. If this is a supp				
	cable date.	onomial concurs of		no box at ano top o	
Inclus	le expenses paid for with non-cash government assistance i	f you know the			
	of such assistance and have included it on Schedule I: Your				
(Offic	ial Form 106l.)			Your exp	enses
	The rental or home ownership expenses for your residence. It ayments and any rent for the ground or lot.	nclude first mortgage	4. 9	5	3,700.00
۲	ayments and any rent for the ground or lot.		٦. ١		0,700.00
If	f not included in line 4:				
1	a. Real estate taxes		10 0	•	0.00
	b. Property, homeowner's, or renter's insurance		4a. 3		0.00
	c. Home maintenance, repair, and upkeep expenses		4c. S		150.00
4	d. Homeowner's association or condominium dues		4d. S		
5. <b>A</b>	Additional mortgage payments for your residence, such as ho	me equity loans	5. \$		0.00
	Militaine				_
	Itilities: ia. Electricity, heat, natural gas		6a. S	8	389.00
	b. Water, sewer, garbage collection		6b. S		103.00
	c. Telephone, cell phone, Internet, satellite, and cable services	S	6c. S		217.00
	d Other Specific Call Phone		0.1		320.00

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 17 of 31

bbtor 1 Yves B. Mede  Verline M. Mede	Case number (if known)	2:24-bk-17943
Food and housekeeping supplies	7. \$	1,275.00
Childcare and children's education costs	8. \$	
Clothing, laundry, and dry cleaning		250.00
Personal care products and services		215.00
. Medical and dental expenses	11. \$	100.00
<ul> <li>Transportation. Include gas, maintenance, bus or train fare.</li> <li>Do not include car payments.</li> </ul>	12. \$	300.00
Entertainment, clubs, recreation, newspapers, magazines, and books		200.00
Charitable contributions and religious donations		0.00
. Insurance.		_
Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$	
15b. Health insurance	15b. \$	
15c. Vehicle insurance		220.00
15d. Other insurance. Specify:	15d. \$	0.00
. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$	0.00
Installment or lease payments:	ισ. ψ	0.00
17a. Car payments for Vehicle 1	17a. \$	430.00
17b. Car payments for Vehicle 2	471	0.00
17c. Other. Specify:		0.00
17d. Other Specify:		0.00
Your payments of alimony, maintenance, and support that you did not report as		
deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00
Other payments you make to support others who do not live with you.	\$	0.00
Specify:	19.	
Other real property expenses not included in lines 4 or 5 of this form or on Sch		0.00
20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	
20c. Property, homeowner's, or renter's insurance	·	0.00
20d. Maintenance, repair, and upkeep expenses		0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
. Other: Specify:	21. +\$	0.00
Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$	8,358.50
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$	8,358.50
Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	10,268.98
23b. Copy your monthly expenses from line 22c above.	23b\$	8,358.50
The state of the s	200ψ	
23c. Subtract your monthly expenses from your monthly income.		
The result is your monthly net income.	23c. \$	1,910.48
Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect you modification to the terms of your mortgage?  No.		ease or decrease because of a
☐ Yes. Explain here:		

#### Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 18 of 31

Fill in this in	formation to identify your	case:			
Debtor 1	Yves B. Mede				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Verline M. Mede	Middle Name	Last Name		
(Spouse II, IIIIIg)	i list ivallie	Middle Name	Last Name		
United States	Bankruptcy Court for the:	DISTRICT OF NEW JERSEY			
Case numbe	r 2:24-bk-17943				
(if known)				☐ Check if this is an amended filing	
Official F	<u>orm 106Dec</u>				
Declar	ation About a	n Individual De	btor's Schedi	ules	12/15
You must file obtaining mo years, or bot	e this form whenever you fi oney or property by fraud in h. 18 U.S.C. §§ 152, 1341, 1	n connection with a bankruptcy	ended schedules. Making	mation.  a false statement, concealing property, p to \$250,000, or imprisonment for up to	
	Sign Below				
Did you	ı pay or agree to pay some	one who is NOT an attorney to	help you fill out bankrupto	cy forms?	
⊠ No	1				
☐ Ye	s. Name of person			Attach Bankruptcy Petition Preparer's Not Declaration, and Signature (Official Form	
•	enalty of perjury, I declare y are true and correct.	that I have read the summary a	and schedules filed with th	is declaration and	

X /s/ Verline M. Mede

Verline M. Mede

Signature of Debtor 2

Date August 30, 2024

X /s/ Yves B. Mede

Yves B. Mede

Signature of Debtor 1

Date August 30, 2024

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 19 of 31

Filli	in this inforr	nation to identify you	r case:			
Deb	tor 1	Yves B. Mede				
		First Name	Middle Name	Last Name		
	tor 2 use if, filing)	Verline M. Mede	Middle Name	Last Name		
			Widdle Name	Last Name		
Unit	ed States Ba	nkruptcy Court for the:	DISTRICT OF NEW JERS	SEY		
Case (if kno	_	2:24-bk-17943				Check if this is an amended filing
Sta Be as	s complete a	of Financial	Affairs for Indivicible. If two married people all, attach a separate sheet to stion.	re filing together, both are	equally responsible for sup	
Part	<u> </u>		arital Status and Where You	Lived Before		
1.	What is you	r current marital statu	us?			
	Married Not ma					
2.	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
	⊠ No					
	=	st all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>'</i> .	
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
			ver live with a spouse or leg lifornia, Idaho, Louisiana, Nev			
	⊠ No □ Yes. Ma	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Explai	in the Sources of You	r Income			
	Fill in the total	al amount of income yo	mployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part	time activities.	endar years?
	□ No ⊠ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		r year before that: ecember 31, 2022 )				\$48,861.00
		☐ Operating a business			Operating a business	

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 20 of 31

		rline M. M					c	ase number (if ki	nown)	2:24-bk-17	943	
5.	Include in and other winnings.  List each	come regard public bene If you are fil	dless of wheth fit payments; ing a joint cas the gross inco	ner that inco pensions; r se and you	ome is taxable. E rental income; int have income tha	examples of terest; divi	us calendar year of other income are dends; money coll ived together, list not include income	e alimony; child lected from laws it only once und	suits; ro ler Deb	yalties; and tor 1.		
		1 III III 010 GC	otano.	Debtor 1				Dahtan 0				
					of income below.	each (befo	s income from source re deductions and sions)	Debtor 2 Sources of Describe b		ne	Gross income (before deductionand exclusions)	ons
Par	t 3: Lis	t Certain Pa	yments You	Made Befo	ore You Filed fo	r Bankru	otcv					
6.	☐ No.	Neither Deindividual   During the	goton 1 nor Eprimarily for a 90 days before Go to line 7 List below a paid that crunot include to adjustmentor Debtor 2 of 90 days before Go to line 7 List below a include pay attorney for	Debtor 2 has a personal, to pre you filed by the personal of t	family, or houself of to whom you p not include paym to an attorney for and every 3 years or primarily consister of the for bankruptcy, or to whom you pays lomestic support	sumer de nold purpo did you pa did a total ents for do r this bank ars after the sumer de did you pa did a total ents obligation	bts. Consumer de se."  ay any creditor a to of \$7,575* or more of support obruptcy case. The for cases filed of the series ay any creditor a to of \$600 or more at se, such as child series.	otal of \$7,575* or re in one or mor oligations, such on or after the d otal of \$600 or n and the total am upport and alimo	or more paymas child as child as child and a child are of a more?	ents and the disupport and disupport and distribution and	e total amount yo d alimony. Also, creditor. Do not clude payments	ou do
	Creditor	's Name an	d Address		Dates of payn	nent	Total amount paid	Amount y		Was this pa	yment for	
7.	<ul> <li>Within 1 year before you filed for bankrup Insiders include your relatives; any general properties of which you are an officer, dire including one for a business you operate as support and alimony.</li> <li>No</li> <li>Yes. List all payments to an insider.</li> </ul>		general pa fficer, direct perate as a	rtners; relatives of	of any gen ntrol, or ow 11 U.S.C.	ent on a debt you eral partners; part ner of 20% or mo	owed anyone nerships of whice re of their voting	who w ch you g securi estic su	are a genera ities; and an pport obligat	al partner; y managing age	nt, nild	
	ilisiuei s	Name and	Address		Dates of paying	ileiit	paid	still o		Neason for	uns payment	
8.	insider? Include pa	ayments on		teed or cosi	cy, did you mak		ments or transfe	r any property	on acc	ount of a d	ebt that benefit	ed an
		Name and			Dates of payn	nent	Total amount paid	Amount y		Reason for	this payment	
							palu	Juli O		molado orda	nor o namo	

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 21 of 31

	btor 1 Yves B. Mede btor 2 Verline M. Mede		Case number (i	f known) 2:24-bk-1	7943	
Pai	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
).	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.					
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>					
	Case title Case number	Nature of the case	Court or agency	Status of t	s of the case	
MidFirst Bank v. Yves Mede F-008040		Foreclosure	Superior Court Chancery Div., Essex County Newark, NJ 07102	Pendir On ap Conclu	peal	
				Foreclosu	re	
0.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, foreclosed,	garnished, attache	ed, seized, or levied?	
	Creditor Name and Address	Describe the Property		Date	Value of the	
		Explain what happened	d		property	
I1. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amoun accounts or refuse to make a payment because you owed a debt?  ☑ No ☐ Yes. Fill in the details.				amounts from your		
	Creditor Name and Address	Describe the action the	e creditor took	Date action was taken	Amount	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an   No		erty in the possession of an a	ssignee for the ber	nefit of creditors, a	
	<ul><li>No</li><li>Yes</li></ul>					
Pai	rt 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrupt  ☑ No ☐ Yes. Fill in the details for each gift.	tcy, did you give any gift	ts with a total value of more th	an \$600 per perso	n?	
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates you gave the gifts	Value	
	Person to Whom You Gave the Gift and Address:					
14.	Within 2 years before you filed for bankrupt  ☑ No ☐ Yes. Fill in the details for each gift or cont		ts or contributions with a total	value of more that	n \$600 to any charity?	
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you	u contributed	Dates you contributed	Value	

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 22 of 31

	bbtor 1 Yves B. Mede Verline M. Mede		Case number (if	known) 2:24-bk-17	943	
Pai	rt 6: List Certain Losses					
15.	Within 1 year before you filed for bankru disaster, or gambling?	ptcy or since you filed for bankru	uptcy, did you lose anyth	ing because of the	ft, fire, other	
	<ul><li>No</li><li>☐ Yes. Fill in the details.</li></ul>					
	Describe the property you lost and how the loss occurred	Describe any insurance coverage Include the amount that insurance insurance claims on line 33 of <i>Sch</i>	has paid. List pending	Date of your loss	Value of property lost	
Pa	rt 7: List Certain Payments or Transfers	3				
16.	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or purchased any attorneys, bankruptcy petition purchased No	preparing a bankruptcy petition?			rty to anyone you	
	Yes. Fill in the details.  Person Who Was Paid  Address  Email or website address  Person Who Made the Payment, if Not Y	Description and value of transferred	f any property	Date payment or transfer was made	Amount of payment	
	Goins & Goins, LLC 323 Washington Ave Elizabeth, NJ 07202-3330 dcgoins1@gmail.com	Attorney Fee	Attorney Fee			
	Elizabeth 323 Washington Ave Elizabeth, NJ 07202-3330 dcgoins1@gmail.com	Attorney Fee			\$4,750.00	
17.	Within 1 year before you filed for bankrup promised to help you deal with your cred Do not include any payment or transfer that	litors or to make payments to yo		transfer any prope	rty to anyone who	
	<ul><li>No</li><li>Yes. Fill in the details.</li></ul>					
	Person Who Was Paid Address	Description and value of transferred	f any property	Date payment or transfer was made	Amount of payment	
18.	Within 2 years before you filed for bankri transferred in the ordinary course of you include both outright transfers and transfers include gifts and transfers that you have alred No Yes. Fill in the details.	or business or financial affairs?  s made as security (such as the gra				
	Person Who Received Transfer Address	Description and value or property transferred	f Describe ar payments r paid in excl	ny property or eceived or debts nange	Date transfer was made	
	Person's relationship to you					
19.	Within 10 years before you filed for bank beneficiary? (These are often called asset □ No □ Yes. Fill in the details.		perty to a self-settled trus	st or similar device	of which you are a	
	Name of trust	Description and value of	f the property transferre	d	Date Transfer was made	

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 23 of 31

	btor 1 Yves B. Mede btor 2 Verline M. Med	e			Case num	ber (if known) 2:24-bk-17	7943	
Par	rt 8: List of Certain Fi	nancial Accounts, Instr	uments, Safe Deposit	Boxes, and Sto	orage Unit	s		
20.		erred? ngs, money market, or s, cooperatives, associa	other financial accour	nts; certificates	of deposit	ld in your name, or for y		
	Name of Financial Ins Address (Number, Street, Code)		ast 4 digits of account number	Type of accou instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer	
21.	cash, or other valuable		ar before you filed for	bankruptcy, an	ıy safe dep	oosit box or other depos	sitory for securities,	
	<ul><li>☑ No</li><li>☐ Yes. Fill in the det</li></ul>	ails.						
	Name of Financial Ins Address (Number, Street,		Who else had acc Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?	
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  ☑ No ☐ Yes. Fill in the details.							
	Name of Storage Faci Address (Number, Street,		Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?	
Par	rt 9: Identify Property	You Hold or Control fo	r Someone Else					
23.	Do you hold or control for someone.	any property that som	eone else owns? Inclu	ide any propert	y you borr	rowed from, are storing	for, or hold in trust	
	<ul><li>No</li><li>Yes. Fill in the d</li></ul>	etails.						
	Owner's Name Address (Number, Street,	City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe 1	the property	Value	
Par	rt 10: Give Details Abo	ut Environmental Infor	mation					
For	the purpose of Part 10,	the following definition	s apply:					
	toxic substances, was regulations controlling Site means any locatio to own, operate, or util Hazardous material me	tes, or material into the the cleanup of these s on, facility, or property a ize it, including disposa	air, land, soil, surface ubstances, wastes, or as defined under any e al sites. onmental law defines a	e water, ground material. environmental l	water, or o	on, contamination, releation other medium, including er you now own, operat zardous substance, toxi	statutes or e, or utilize it or used	
Rep	ort all notices, releases	, and proceedings that	you know about, rega	rdless of when	they occu	rred.		
24.	Has any governmental	unit notified you that y	ou may be liable or po	otentially liable	under or i	n violation of an enviro	nmental law?	
	<ul><li>No</li><li>Yes. Fill in the det</li></ul>	ails.						
	Name of site Address (Number, Street,	City, State and ZIP Code)	Governmental uni Address (Number, St			onmental law, if you it	Date of notice	

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 24 of 31

	otor 1 Yves B. Mede otor 2 Verline M. Mede		Case number (if known) 2:24-bk-179	43				
05			, ,					
25.	Have you notified any governmental unit of	any release of nazardous material?						
	<ul><li>☑ No</li><li>☐ Yes. Fill in the details.</li></ul>							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice				
26.	Have you been a party in any judicial or ad	ministrative proceeding under any envir	ronmental law? Include settlements	and orders.				
	⊠ No							
	Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	t 11: Give Details About Your Business or	Connections to Any Business						
	Within 4 years before you filed for bankrup	tcy, did you own a business or have any		y business?				
		in a trade, profession, or other activity, pany (LLC) or limited liability partnershi	·					
	☐ A partner in a partnership	carry (220) or miniou nability paranorom	P (==: /					
	☐ An officer, director, or managing ex	secutive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation							
	☑ No. None of the above applies. Go to Part 12.							
	Yes. Check all that apply above and fill in the details below for each business.							
	Business Name Describe the nature of the busines Address		Employer Identification number  Do not include Social Security number or ITIN.					
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper						
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to	o anyone about your business? Inc	lude all financial				
	<ul><li>No</li><li>Yes. Fill in the details below.</li></ul>							
	Name Address	Date Issued						
	(Number, Street, City, State and ZIP Code)							
Par	t 12: Sign Below							
are with	ve read the answers on this <i>Statement of Fit</i> true and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, o	or obtaining money or property by fr					
/s/	Yves B. Mede	/s/ Verline M. Mede						
	es B. Mede nature of Debtor 1	Verline M. Mede Signature of Debtor 2						
_								
Dat	e August 30, 2024	DateAugust 30, 2024						
Did □ N	you attach additional pages to Your Statemo lo ′es	ent of Financial Affairs for Individuals F	iling for Bankruptcy (Official Form 1	107)?				
$\boxtimes$ N	you pay or agree to pay someone who is no lo 'es. Name of Person Attach the <i>Bankru</i>							

Fill in this inform	Fill in this information to identify your case:			
Debtor 1 Yves B. Mede				
Debtor 2 (Spouse, if filing)	Verline M. Mede			
United States Bankruptcy Court for the: District of New Jersey				
Case number 2:24-bk-17943				

Check as directed in lines 17 and 21:						
According to the calculations required by this Statement:						
$\boxtimes$	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

#### ☐ Check if this is an amended filing

#### Official Form 122C-1

# Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
  - Not married. Fill out Column A, lines 2-11.
  - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filling on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

					Colum <b>Debto</b>		Debt	mn B or 2 or filing spouse
<ol><li>Your gross wages, salary, tips, bonuses, overtime, payroll deductions).</li></ol>	, and co	mmissio	ons (be	fore all	\$	5,633.33	\$	3,591.53
<ol> <li>Alimony and maintenance payments. Do not include Column B is filled in.</li> </ol>	e payme	nts from	a spou	se if	\$	0.00	\$	0.00
All amounts from any source which are regularly p of you or your dependents, including child suppor from an unmarried partner, members of your househol and roommates. Do not include payments from a spou you listed on line 3.	<b>t.</b> Include ld, your c	e regulaı depende	contrib nts, par	outions ents,	\$	0.00	\$	0.00
5. Net income from operating a business, profession, or farm	Debtor	1						
Gross receipts (before all deductions)	\$	0.00						
Ordinary and necessary operating expenses	-\$	0.00						
Net monthly income from a business, profession, or fa	rm \$	0.00	Сору	here -> \$	·	0.00	\$	0.00
6. Net income from rental and other real property	Debtor	1						
Gross receipts (before all deductions)	\$	0.00						
Ordinary and necessary operating expenses	-\$	0.00						
Net monthly income from rental or other real property	\$	0.00	Сору	here -> \$	S	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

#### Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 26 of 31

Debtor 1 Verline M. Mede 2:24-bk-17943 Case number (if known) Debtor 2 Column A Column B Debtor 2 or Debtor 1 non-filing spouse 7. Interest, dividends, and royalties 0.00 0.00 0.00 0.00 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you .....\$ \_\_\_ For your spouse.....\$ 0.00 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired 0.00 \$ 0.00 under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 5.633.33 3.591.53 9.224.86 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below.  $\boxtimes$ You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 9,224.86 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 15a. Copy line 14 here=>..... 9,224.86

Yves B. Mede

### Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 27 of 31

Debtor 1 Debtor 2		Yves B. Mede Verline M. Mede Cas			<sub>own)</sub> 2:24-bk-1	7943
202101.2				Case number (if kno		<b>x</b> 12
		Multiply line 15a by 12 (the number of months in	a year).			X 12
1	5b.	The result is your current monthly income for the	e year for this part o	of the form		\$ 110,698.32
16. <b>C</b> a	lcul	ate the median family income that applies to y	ou. Follow these s	teps:		
16	a. Fi	Il in the state in which you live.	NJ	_		
16	b. Fi	ll in the number of people in your household.	5	_		
16	T	Il in the median family income for your state and of ind a list of applicable median income amounts structions for this form. This list may also be avai	s, go online using th	e link specified in the separa		\$167,304.00_
		o the lines compare?		of the land of the second of the		
17	a.	Line 15b is less than or equal to line 16c. O <i>U.S.C.</i> § 1325(b)(3). <b>Go to Part 3.</b> Do NOT				
17	b.	Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcu your current monthly income from line 14 a	ulation of Your Dis			
Part 3:		Calculate Your Commitment Period Under 11	U.S.C. § 1325(b)(4	1)		
18. <b>C</b> c	ру	your total average monthly income from line 1	1			\$9,224.86
tha	at ca	It the marital adjustment if it applies. If you are loulating the commitment period under 11 U.S.C. e, copy the amount from line 13.	married, your spou § 1325(b)(4) allow	se is not filing with you, and syou to deduct part of your	you contend spouse's	
19	a. If	the marital adjustment does not apply, fill in 0 on	line 19a.		-	\$
19	b. <b>S</b>	ubtract line 19a from line 18.				\$9,224.86_
20. Ca	lcul	ate your current monthly income for the year.	Follow these step	s:		
20	a. C	opy line 19b				\$9,224.86_
	M	lultiply by 12 (the number of months in a year).				<b>x</b> 12
20	b. T	he result is your current monthly income for the y	ear for this part of t	he form		\$ 110,698.32
20	c. C	opy the median family income for your state and	size of household f	rom line 16c		\$167,304.00_
21	. н	ow do the lines compare?				
	×	Line 20b is less than line 20c. Unless otherwing period is 3 years. Go to Part 4.	se ordered by the c	ourt, on the top of page 1 of	this form, check	box 3, The commitment
		Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4.	less otherwise orde	ered by the court, on the top	of page 1 of this	form, check box 4, The
Part 4:		Sign Below ning here, under penalty of perjury I declare that t	he information on t	his statement and in any atta	achments is true a	and correct.
<b>X</b> /s	s/ Y	ves B. Mede	Х	/s/ Verline M. Mede		
Y	'ves	B. Mede		Verline M. Mede		
	-	ture of Debtor 1 August 30, 2024		Signature of Debtor 2  Date August 30, 2024		
Da		MM / DD / YYYY		MM / DD / YYYY		•
If y	ou o	checked 17a, do NOT fill out or file Form 122C-2.				
If \	ou o	checked 17b, fill out Form 122C-2 and file it with t	his form. On line 39	9 of that form, copy your curr	rent monthly inco	me from line 14 above

Document Page 28 of 31 UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY Caption in Compliance with D.N.J. LBR 9004-1(b) Donald C. Goins 323 Washington Ave Elizabeth, NJ 07202-3330 (908) 351-1984 dcgoins1@gmail.com Yves B. Mede In Re: Verline M. Mede Case No.: 2:24-bk-17943 Chapter: 13 Judge: DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows: Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ 4,750.00 . I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses. Legal services on behalf of the debtor in connection with the following are not included in the flat fee: Representation of the debtor in: adversary proceedings, loss mitigation/loan modification efforts, post-confirmation filings and matters brought before the Court. I have received: \$ 4,750.00 The balance due is: \$ 0.00 The balance  $\square$  will  $\boxtimes$  will not be paid through the plan. Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ . The hourly fee charged by other members of my firm that may provide services to this client range from \$ \_\_\_\_ to \$ \_\_\_\_. I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1. I have received: \$ 2. The source of the funds paid to me was: Debtor(s) Other (specify below)

Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27

Case 24-17943-JKS

# Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 29 of 31

3.	If a balance is due, the source of future compensation to be paid to me is:						
	Debtor(s)	Othe	er (specify below)				
	m. If I have agreed	to share compensation	e compensation with another person(s) unless they are members of my with a person(s) who is not a member of my law firm, a copy of that compensation is attached.				
prior to	(s) as needed. If po	ssible, Debtor's counse or(s) acknowledge that	unsel may appear at hearings on their behalf in lieu of counsel retained by el will advise Debtor(s) of the use of coverage counsel for any hearings coverage counsel may not be a member of my firm and may or may not				
		/s/ YBM	/s/ VMM				
		Debtor(s) Initials	Debtor(s) Initials				
		eeded. All appearances	everage counsel may appear at hearings on their behalf in lieu of counsel related to the Debtor(s) matter will be made by me, the undersigned				
		Debtor(s) Initials	Debtor(s) Initials				
6.	The Debtor(s) have	re reviewed this Disclo	sure and it is consistent with the terms of the Retainer Agreement.				
Date:	August 30, 2024		/s/ Yves B. Mede Yves B. Mede Debtor				
Date:	August 30, 2024		/s/ Verline M. Mede Verline M. Mede Joint Debtor				
Date:	August 30, 2024		/s/ Donald C. Goins Donald C. Goins Debtor's Attorney				

Case 24-17943-JKS Doc 13 Filed 08/30/24 Entered 08/30/24 11:51:27 Desc Main Document Page 30 of 31

# **United States Bankruptcy Court District of New Jersey**

	Yves B. Mede			
In re	Verline M. Mede		Case No.	2:24-bk-17943
		Debtor(s)	Chapter	13

VERIFICATION OF CREDITOR MATRIX					
The above-named Debtors hereby	verify that the attached list of creditors is true and correct to the best of their knowledge.				
Date: August 30, 2024	/s/ Yves B. Mede				
	Yves B. Mede Signature of Debtor				
Date: August 30, 2024	/s/ Verline M. Mede Verline M. Mede				
	Signature of Debtor				

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NJ American Water PO Box 371331 Pittsburgh, PA 15250-7331

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